PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debart Chice; U.S. Debart Chice; U.S. Debart Chice; U.S. Patent and Tradems Chice; U.S. Patent a

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/679,692 | | | ing Date 07/2003 | To be Mailed | |
|--|--|---|--|---|------------------|---|--|---|----------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | _ | N/A | LD NO. | N/A | | N/A | 1 LL (0) | i | N/A | TLE (0) | |
| | SEARCH FEE | JT (C)) | N/A | | N/A | | N/A | | 1 | N/A | i e | |
| H | (37 CFR 1.16(k), (i), (ii) | | N/A | _ | N/A | | N/A | | ł | N/A | | |
| | (37 CFR 1.16(o), (p), (FAL CLAIMS | (p) 10 | minus 20 = | | | | x \$ = | | OR | x s = | | |
| IND | CFR 1.16(i)) EPENDENT CLAIM | s | minus 3 = * | | | ı | x s = | | | x s = | | |
| | CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings of sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th | | | | | | | | | |
| ┢ | MULTIPLE DEDEN | a)(1)(G) and 37 | l | | | ł | <u> </u> | - | | | | |
| · 16 | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter *0" in column 2. | | | | | | | | ł | TOTAL | | |
| l " | | | | TOTAL | | 1 | TOTAL | L | | | | |
| | APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 07/08/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | • 35 | Minus | ** 38 | = 0 | 1 | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | ···4 | = 0 | 1 | x \$ = | | OR | X \$210= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.1601) | | Minus | ** | = | l | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | | 1 | x \$ = | | OR | x \$ = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| " If the entry in column 1 is less than the entry in column 2, write '70' in column 3. " If the "Highest Number Previously Paid For 'N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, should be sent to the CEMPTO. USE and the sent of the CEMPTO. The value of the complete is form and/or segregations for reducing this burden, should be sent to the CEMPTO. However, the commence p.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS. SE